

CHANGE IN OWNERSHIP CERTIFICATION

New Facility Name	KPDES No. <input type="checkbox"/> KNDOP No. <input type="checkbox"/> Other <input type="checkbox"/>	
	Permit Number:	
Previous Facility Name (if changed)	County	A.I. No.

Name of New Owner or Authorized Representative	
Company Name	
Address of New Owner (Street, City, State, Zip Code)	
Telephone No. of New Owner/Authorized Representative	() -
E-Mail Address of New Owner/Authorized Representative	
Location Address of Facility	
Effective Date of Transfer	
Name of Previous Owner	

Discharge Monitoring Report (DMR) Reports

DMR Signatory's Name	
DMR Signatory's Address and E-Mail address	

If Submitted by New Owner:

I hereby certify that I have or that I will assume ownership and all responsibility for meeting the permit conditions of the Commonwealth of Kentucky relating to water quality at the permitted facility listed above on the effective date of transfer indicated.

Signature of New Owner or Authorized Representative	Date
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If Submitted by Prior Owner:

I hereby certify that I have agreed to transfer of ownership and all responsibility for meeting the permit conditions of the Commonwealth of Kentucky relating to water quality at the permitted facility listed above on the effective date of transfer indicated. If the new owner has not signed this certification, I have attached a signed copy of the contractual agreement related to the transfer of this facility.

Signature of Previous Owner or Authorized Representative	Date
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A transfer of a permit is not effective until acknowledged by the Cabinet.

Questions on completing this form? Contact the Surface Water Permits Branch at (502) 564-3410.

Complete and return this form to: Division of Water, Surface Water Permits Branch
300 Sower Blvd, 3rd Floor
Frankfort, KY 40601